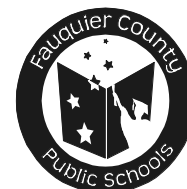




FAUQUIER COUNTY DEPARTMENT OF HUMAN RESOURCES
JANELLE DOWNES, DIRECTOR



320 HOSPITAL DRIVE, SUITE 34 • WARRENTON, VA 20186
(540) 422-8300 • FAX (540) 422-8315

Welcome to Fauquier County Public Schools!

Please refer to the following checklist when completing your substitute packet. You will need to submit a complete packet (including this checklist) before proceeding to the fingerprint process. In order to become an active substitute with Fauquier County Public Schools all packets must be returned to the Department of Human Resources located at 320 Hospital Drive, Suite 34, Warrenton, VA 20186; Monday through Friday, 8:30am to 4:00pm..

- ☐ **Online Application Submitted**
Please see submission timeframes below.
- ☐ **Pre-Employment Statement**
- ☐ **Employment Eligibility Verification (Form I-9)**
Complete Section 1 ONLY. Sections 2 and 3 to be completed by Human Resources Personnel ONLY.
- ☐ **Required Original Identification for I-9**
Refer to *List of Acceptable Documents* located on the back of the I-9 form.
- ☐ **Federal Tax Form (W-4)**
- ☐ **State Tax Form (VA-4)**
- ☐ **Direct Deposit Form**
Submit with either voided check or deposit slip or you may have the bank verification
- ☐ **Request for Disclosure of Court-Ordered Withholding of Child or Spousal Support From Employee's Income**
- ☐ **Notification of Condition of Employment Authorization to Release Personal Information & Background Check Notice**
- ☐ **\$47.00 Check/Money Order for fingerprint and CPS (background checks)**
Made payable to Treasurer, Fauquier County.
- ☐ **Child Abuse and Neglect: Recognizing, Reporting, and Responding for Educators – Certificate of Completion** This training is free online and when you complete the training, you will be emailed a certificate of completion.
- ☐ **Criminal Charge Filed Against Employee: Notification of Superintendent and School Board Form**
- ☐ **Information to Complete the Virginia Department of Social Services/Child Protective Services Central Registry Release of Information Form (form will be completed at Human Resources)**
 - Address Information over the past TEN years – if you have lived at your current address for 10 or more years, you do not need to provide any other addresses
 - Spouse Information – your current spouse and previous spouse(s) full middle name, maiden name (if applicable), and birth date information
 - Child Information – your child's (or children's) full middle name and birth date
- ☐ **A Tuberculosis (TB) test** must be completed and the results included with your paperwork packet. TB tests can be completed at the Fauquier County Health Department at 330 Hospital Drive, Warrenton, VA 20186. You can also complete the TB test at your regular doctor's office. A screening from a licensed physician or clinic completed within the past twelve months will satisfy the TB screening requirements.
- ☐ **Official Transcripts** are required in order to sub for a teacher and/or librarian. Minimum educational requirements will be 48 semester credit hours from an accredited institution.
- ☐ **Three references letters/forms are required.**



FAUQUIER COUNTY
HUMAN RESOURCES DEPARTMENT
County Government & Public Schools



320 Hospital Drive, Suite 34
Warrenton, Virginia 20186
(540) 422-8300 Fax: (540) 422-8316

PRE-EMPLOYMENT STATEMENT

Please read and sign the statement below.

By my signature below, I certify that I have not withheld any information requested and that all statements I have made are true and correct, to the best of my knowledge. I understand that any misrepresentation of the facts or omission of facts on this application is sufficient cause for dismissal. I also authorize Fauquier County Government/Public Schools to verify statements made on this application by investigation as deemed advisable.

I further understand that any offer of employment I may receive from Fauquier County Government/Public Schools is contingent upon my successful completion of the total pre-employment screening process which may include such investigations as criminal or civil convictions, driving records, finger-printing, previous employers and educational institutions, personal references, professional references, and other appropriate sources. I agree to cooperate fully with such investigations. I also understand that direct deposit of employee pay is a condition of employment.

I waive my right of access to any personal or professional reference information that may be obtained as a result of this application. I, without limitation, hereby release Fauquier County Government/Public Schools and the reference source from any liability in connection with its release or use in connection with my application. This release includes the sources cited above and specifically information from: local, state, and federal law enforcement records, Central Criminal Records Exchange, Federal Bureau of Investigations, Child Abuse and Neglect Information System, federal, state, or local social services or child welfare agencies with information regarding child abuse or neglect, sexual molestation, or rape of a child. I understand that failure to cooperate with an investigation of my background, conducted according to Virginia law, may affect the consideration of my application.

I understand that any offer of employment is contingent on my providing documents and signing forms that demonstrate and certify my eligibility to work in the United State in compliance with the Immigration Reform and Control Act of 1986.

In addition, I further understand that nothing contained in this employment application or in Fauquier County Government/Public Schools Human Resources Policies or in the granting of an interview is intended to create an employment contract between the Fauquier County Government/Public Schools and me for either employment or the providing of any benefit. No promises regarding employment have been made to me.

Signature of Applicant _____ Date _____

Printed Name of Applicant _____

The Fauquier County Government and Public Schools is an Equal Opportunity Employer and does not discriminate against employees or applicants for employment on the basis of race, color, religion, sex, national origin, citizenship, age, handicap or disability, marital status, sexual orientation, or status as a Vietnam era or special disabled veteran, in accordance with applicable federal, state, and local laws.



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.


ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>
<p>QR Code - Section 1 Do Not Write In This Space</p> 

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page






Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
------------------------------	-------------------------	-------------------------	------	--------------------------------

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		<div>Additional Information</div> <div>OR Code - Section 2 Do Not Write In This Space</div> 		
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative	Today's Date(mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name Fauquier County Gov. and Public Schools	
Employer's Business or Organization Address (Street Number and Name) 320 Hospital Drive	City or Town Warrenton	State VA	ZIP Code 20186

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A	OR	LIST B	AND	LIST C
Documents that Establish Both Identity and Employment Authorization		Documents that Establish Identity		Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. Native American tribal document
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		8. Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI				

Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Form W-4 (2017)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you aren't exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	_____
B	Enter "1" if: <div style="display: inline-block; vertical-align: middle;"><div style="display: inline-block; vertical-align: middle;">• You're single and have only one job; or</div><div style="display: inline-block; vertical-align: middle;">• You're married, have only one job, and your spouse doesn't work; or</div><div style="display: inline-block; vertical-align: middle;">• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</div></div>	B	_____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	_____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	_____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	_____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F	_____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child.	G	_____
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ►	H	_____
For accuracy, complete all worksheets that apply. <div style="display: inline-block; vertical-align: middle;"><div style="display: inline-block; vertical-align: middle;">• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.</div><div style="display: inline-block; vertical-align: middle;">• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.</div><div style="display: inline-block; vertical-align: middle;">• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.</div></div>			

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074	
► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.				2017	
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.			
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>			
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5			
6 Additional amount, if any, you want withheld from each paycheck		6		\$	
7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ►		7			
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ►					
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)	

Deductions and Adjustments Worksheet**Note:** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widow(er); \$287,650 if you're head of household; \$261,500 if you're single, not head of household and not a qualifying widow(er); or \$156,900 if you're married filing separately. See Pub. 505 for details	1	\$	_____
2	Enter: $\left\{ \begin{array}{l} \$12,700 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,350 \text{ if head of household} \\ \$6,350 \text{ if single or married filing separately} \end{array} \right\}$	2	\$	_____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$	_____
4	Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$	_____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2017 Form W-4</i> worksheet in Pub. 505.)	5	\$	_____
6	Enter an estimate of your 2017 nonwage income (such as dividends or interest)	6	\$	_____
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$	_____
8	Divide the amount on line 7 by \$4,050 and enter the result here. Drop any fraction	8		_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9		_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10		_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)**Note:** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3"	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____

Note: If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2017. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2017. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above
\$0 - \$7,000	0	\$0 - \$8,000	0
7,001 - 14,000	1	8,001 - 16,000	1
14,001 - 22,000	2	16,001 - 26,000	2
22,001 - 27,000	3	26,001 - 34,000	3
27,001 - 35,000	4	34,001 - 44,000	4
35,001 - 44,000	5	44,001 - 70,000	5
44,001 - 55,000	6	70,001 - 85,000	6
55,001 - 65,000	7	85,001 - 110,000	7
65,001 - 75,000	8	110,001 - 125,000	8
75,001 - 80,000	9	125,001 - 140,000	9
80,001 - 95,000	10	140,001 and over	10
95,001 - 115,000	11		
115,001 - 130,000	12		
130,001 - 140,000	13		
140,001 - 150,000	14		
150,001 and over	15		

Table 2

Married Filing Jointly		All Others	
If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
75,001 - 135,000	1,010	38,001 - 85,000	1,010
135,001 - 205,000	1,130	85,001 - 185,000	1,130
205,001 - 360,000	1,340	185,001 - 400,000	1,340
360,001 - 405,000	1,420	400,001 and over	1,600
405,001 and over	1,600		

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

FORM VA-4

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF TAXATION
PERSONAL EXEMPTION WORKSHEET
(See back for instructions)

1. If you wish to claim yourself, write "1"
2. If you are married and your spouse is not claimed
on his or her own certificate, write "1"
3. Write the number of dependents you will be allowed to claim
on your income tax return (do not include your spouse).....
4. Subtotal Personal Exemptions (add lines 1 through 3).....
5. Exemptions for age
(a) If you will be 65 or older on January 1, write "1"
- (b) If you claimed an exemption on line 2 and your spouse
will be 65 or older on January 1, write "1"
6. Exemptions for blindness
(a) If you are legally blind, write "1"
- (b) If you claimed an exemption on line 2 and your
spouse is legally blind, write "1"
7. Subtotal exemptions for age and blindness (add lines 5 through 6)
8. Total of Exemptions - add line 4 and line 7

Detach here and give the certificate to your employer. Keep the top portion for your records

FORM VA-4 EMPLOYEE'S VIRGINIA INCOME TAX WITHHOLDING EXEMPTION CERTIFICATE

Your Social Security Number	Name		
Street Address			
City		State	Zip Code

COMPLETE THE APPLICABLE LINES BELOW

1. If subject to withholding, enter the number of exemptions claimed on:
 - (a) Subtotal of Personal Exemptions - line 4 of the
Personal Exemption Worksheet.....
 - (b) Subtotal of Exemptions for Age and Blindness
line 7 of the Personal Exemption Worksheet
 - (c) Total Exemptions - line 8 of the Personal Exemption Worksheet.....
2. Enter the amount of additional withholding requested (see instructions).....
3. I certify that I am not subject to Virginia withholding. I meet the conditions
set forth in the instructions (check here) ☐
4. I certify that I am not subject to Virginia withholding. I meet the conditions set forth
Under the Service member Civil Relief Act, as amended by the Military Spouses
Residency Relief Act (check here) ☐

Signature

Date

EMPLOYER: Keep exemption certificates with your records. If you believe the employee has claimed too many exemptions, notify the Department of Taxation, P.O. Box 1115, Richmond, Virginia 23218-1115, telephone (804) 367-8037. Note: Employers may establish a system to electronically receive Forms VA-4 from employees, provided the system meets Internal Revenue Service requirements as specified in § 31.3402(f)(5)-1(c) of the Treasury Regulations (26 CFR).

FORM VA-4 INSTRUCTIONS

Use this form to notify your employer whether you are subject to Virginia income tax withholding and how many exemptions you are allowed to claim. You must file this form with your employer when your employment begins. If you do not file this form, your employer must withhold Virginia income tax as if you had no exemptions.

PERSONAL EXEMPTION WORKSHEET

You may not claim more personal exemptions on form VA-4 than you are allowed to claim on your income tax return unless you have received written permission to do so from the Department of Taxation.

Line 1. You may claim an exemption for yourself.

Line 2. You may claim an exemption for your spouse if he or she is not already claimed on his or her own certificate.

Line 3. Enter the number of dependents you are allowed to claim on your income tax return.

NOTE: A spouse is not a dependent.

Line 5. If you will be age 65 or over by January 1, you may claim one exemption on Line 5(a). If you claim an exemption for your spouse on Line 2, and your spouse will also be age 65 or over by January 1, you may claim an additional exemption on Line 5(b).

Line 6. If you are legally blind, you may claim an exemption on Line 6(a). If you claimed an exemption for your spouse on Line 2, and your spouse is legally blind, you may claim an exemption on Line 6(b).

FORM VA-4

Be sure to enter your social security number, name and address in the spaces provided.

Line 1. If you are subject to withholding, enter the number of exemptions from:

- (a) Subtotal of Personal Exemptions - line 4 of the Personal Exemption Worksheet
- (b) Subtotal of Exemptions for Age and Blindness - line 7 of the Personal Exemption Worksheet
- (c) Total Exemptions - line 8 of the Personal Exemption Worksheet

Line 2. If you wish to have additional tax withheld, and your employer has agreed to do so, enter the amount of additional tax on this line.

Line 3. If you are not subject to Virginia withholding, check the box on this line. You are not subject to withholding if you meet any one of the conditions listed below. Form VA-4 must be filed with your employer for each calendar year for which you claim exemption from Virginia withholding.

- (a) You had no liability for Virginia income tax last year and you do not expect to have any liability for this year.
- (b) You expect your Virginia adjusted gross income to be less than the amount shown below for your filing status:

	Taxable Years 2005, 2006 and 2007	Taxable Years 2008 and 2009	Taxable Years 2010 and 2011	Taxable Years 2012 and Beyond
Single	\$7,000	\$11,250	\$11,650	\$11,950
Married	\$14,000	\$22,500	\$23,300	\$23,900
Married, filing a separate return	\$7,000	\$11,250	\$11,650	\$11,950

- (c) You live in Kentucky or the District of Columbia and commute on a daily basis to your place of employment in Virginia.
- (d) You are a domiciliary or legal resident of Maryland, Pennsylvania or West Virginia whose only Virginia source income is from salaries and wages and such salaries and wages are subject to income taxation by your state of domicile.

Line 4. Under the Servicemember Civil Relief Act, as amended by the Military Spouses Residency Relief Act, you may be exempt from Virginia income tax on your wages if (i) your spouse is a member of the armed forces present in Virginia in compliance with military orders; (ii) you are present in Virginia solely to be with your spouse; and (iii) you maintain your domicile in another state. If you claim exemption under the SCRA check the box on Line 4 and attach a copy of your spousal military identification card to Form VA-4.

PLEASE SUBMIT COMPLETED FORM TO THE HUMAN RESOURCES DEPARTMENT

FAUQUIER COUNTY GOVERNMENT & PUBLIC SCHOOLS
DEPARTMENT OF HUMAN RESOURCES

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

(Please type or print in ink)

Employee Name	Employee Number	
Department or School	Work Phone	Home Phone

Account Information (If more than two accounts are requested, please complete additional forms as necessary.)

<i>Circle One:</i>	<i>ADD</i>	<i>CHANGE</i>	<i>DELETE</i>
Account # _____ Checking <input type="checkbox"/> Savings <input type="checkbox"/>			
Transit/ABA Routing # _____			
Bank Name _____			
Bank Location (City, State) _____			
Amount to Deposit : Net Amount <input type="checkbox"/> Specific Amount \$ _____			

<i>Circle One:</i>	<i>ADD</i>	<i>CHANGE</i>	<i>DELETE</i>
Account # _____ Checking <input type="checkbox"/> Savings <input type="checkbox"/>			
Transit/ABA Routing # _____			
Bank Name _____			
Bank Location (City, State) _____			
Amount to Deposit : Net Amount <input type="checkbox"/> Specific Amount \$ _____			

I hereby authorize the County of Fauquier, Virginia to initiate credit entries to my account(s) indicated above, and if necessary, debit entries to my account(s) to correct any credit entries made to my account in error.

Employee Signature

Date

Please attach a voided blank check or savings account deposit slip for account validation.

Note: If you do not have a deposit slip or void check for one of your accounts, please have your financial institution certify your account below. Use a separate direct deposit form if an additional financial certification is needed.

FINANCIAL INSTITUTION CERTIFICATION

I confirm the identity of the above named payee and the account number. As a representative of the above named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above.

Signature of Bank Representative

Date

Telephone Number

FAUQUIER COUNTY GOVERNMENT & PUBLIC SCHOOLS

Request for Disclosure of Court-Ordered Withholding of Child or Spousal Support From Employee's Income

To All New Employees Hired On or After July 1, 1993

State law directs the Fauquier County Government/Public School System, as your employer, to request that you disclose whether or not there exists any order which has been issued by a court and which provides for the withholding of child or spousal support from your income.

Your disclosure of such information in response to this request is voluntary.

If you fail to disclose the information, the Fauquier County Government/Public School System could be hindered in its ability to comply with court-ordered child or spousal support withholding.

Should you disclose the existence of a court order for the withholding of child or spousal support from your income, you will be required to furnish a certified copy of the order to the Fauquier County Government/Public School System. The Fauquier County Government/Public School System will begin withholding in accordance with the terms of the order.

Your response to this request, and any information provided by you in response to this request, will be retained in your Official Personnel File and will not be divulged except to the extent necessary for the administration of the child support enforcement program or for another proper purpose as authorized by law.

I have been requested by Fauquier County Government/Public School System to disclose whether or not there exists an income withholding order for child or spousal support.

Please check one of the following:

- ☐ There is no income withholding order that I wish to disclose.
- ☐ I wish to disclose that an income withholding order is currently in effect, and I agree to furnish the Fauquier County Government with a certified copy of that order so that Fauquier County Government can begin withholding child and /or spousal support in accordance with the terms of that order.

Employee Signature: _____

Date: _____



FAUQUIER COUNTY
HUMAN RESOURCES DEPARTMENT
County Government & Public Schools



320 Hospital Drive, Suite 34
Warrenton, Virginia 20186
(540) 422-8300 Fax: (540) 422-8316

Notification of Condition of Employment
Authorization to Release Personal Information & Background Check Notice

Fauquier County Public Schools, in accordance with the Code of Virginia (Section 22.1-296.2) requires a criminal history background check of all new employees. This background check includes the submission of fingerprints to both the FBI and Virginia State Police and the completion of a Child Protective Services Central Registry Search. The application you signed prior to employment provides more detail regarding the background investigation.

Instructions: Complete all sections. Data provided on this form will be kept confidential. Information such as race, sex, birth date, etc. is required by the school system, the Commonwealth of Virginia, and/or the United States Government for background check and/or statistical purposes only. **Please print.**

Last Name		First Name		Full Middle
Social Security Number		Birth Date	Birth State	Birth Country
Aliases (includes nicknames, maiden names, and prior married names)				Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Race: <input type="checkbox"/> A—Asian/Pacific Islander —All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Island subcontinent, or the Pacific Islands. The areas include, for example, China, Japan, Korea, India, the Philippine Islands, and Samoa. <input type="checkbox"/> B—Black —All persons having origins in any of the black racial groups of Africa <input type="checkbox"/> I—American Indian/Alaskan Native —All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition <input type="checkbox"/> W—White —All persons having origins in any of the original people of Europe, North Africa, or the Middle East				
Eye Color: <input type="checkbox"/> BLK-Black <input type="checkbox"/> BLU-Blue <input type="checkbox"/> BRO-Brown <input type="checkbox"/> GRY-Gray <input type="checkbox"/> GRN-Green <input type="checkbox"/> HAZ-Hazel <input type="checkbox"/> MAR-Maroon <input type="checkbox"/> PNK-Pink <input type="checkbox"/> MUL-Multicolored <input type="checkbox"/> XXX-Unk.				
Hair Color: <input type="checkbox"/> BAL-Bald <input type="checkbox"/> BLK-Black <input type="checkbox"/> BLN-Blond/Strawberry <input type="checkbox"/> BLU-Blue <input type="checkbox"/> BRO-Brown <input type="checkbox"/> GRN-Green <input type="checkbox"/> GRY-Gray <input type="checkbox"/> ONG-Orange <input type="checkbox"/> PNK-Pink <input type="checkbox"/> PLE-Purple <input type="checkbox"/> RED-Red/Auburn <input type="checkbox"/> SDY-Sandy <input type="checkbox"/> WHI-White <input type="checkbox"/> XXX-Unknown				
Height	Weight (pounds)	Home Telephone Number ()		
Address: Number & Street		City	State	ZIP Code

Some additional points of information:

All new Public School employees-full-time, part-time, or substitute, and selected other non-employees who have the potential for student contact, are required to have a criminal history and child protective services background check.

Results will be sent back to Human Resources upon completion of the checks and are not provided to the person being checked unless employment/student contact is denied due to a conviction record.

If a conviction record exists, decisions regarding continued employment/student contact will be made by the Superintendent of Schools or designee.

If you have any questions regarding the background check process, please contact the Human Resources Department at (540) 428-8700.

I hereby authorize the release of personal information to Fauquier County Public Schools for the purpose of an investigation of my background and qualifications for employment/student contact. Such information may include, but is not limited to job performance, attendance, eligibility for re-employment with a former employer, reasons for termination of previous employment, criminal record, conduct, and character. I hereby waive my right to access to any such information and without limitation, release Fauquier County Public Schools, and any source of such information from any liability in connection with its release or use.

In addition, as a condition of my employment/eligibility for student contact, I understand that I must submit to fingerprinting and a child abuse and neglect registry check, and provide the personal descriptive information necessary to conduct these checks. The information and my fingerprints will be forwarded through the Central Records Exchange to the Federal Bureau of Investigation (FBI) and the Virginia State Police (VSP) for the purpose of obtaining a criminal history report. There are times when readable prints are not obtained for various reasons, and I understand that I have a responsibility to continue to submit fingerprints until they are accepted by the FBI and VSP. I understand that failure to comply with the above requirements can affect my employment with Fauquier County Public Schools until such time as I submit to fingerprinting as required by the Code of Virginia.

My signature below indicates that I have read and understand the contents of this document and that all information given on this form is complete and true.

Signature: _____

Date: _____

For Office Use Only

☐ Permanent Employee ☐ Temporary Employee ☐ Substitute

Location: _____

☐ Charter Bus Driver Company: _____

8/24/2010



FAUQUIER COUNTY DEPARTMENT OF HUMAN RESOURCES

JANELLE DOWNES, DIRECTOR

320 HOSPITAL DRIVE, SUITE 34 • WARRENTON, VA 20186
(540) 422-8300 • FAX (540) 422-8316



Please read the information below and on the reverse side of this page, then sign acknowledging that you understand and will abide by these requirements.

Criminal Charge Filed Against Employee: Notification of Superintendent and School Board

A. Employee Notification to Superintendent

When any teacher or other public school employee of this division, whether full-time or part-time, permanent, or temporary, has been charged by summons, warrant, indictment or information with the commission of a felony; a misdemeanor involving (i) sexual assault as defined in §18.2-61 *et seq.* of the Code of Virginia; (ii) obscenity and related offenses as defined in §18.2-372 *et seq.* of the Code of Virginia; (iii) drug related offenses including but not limited to possession of marijuana or of drug paraphernalia or as defined in §18.2-247 *et seq.* of the Code of Virginia; (iv) moral turpitude; (v) the physical or sexual abuse or neglect of a child; public drunkenness, driving under the influence of alcohol or drugs, reckless driving or disturbing the peace; or an equivalent offense in another state, that employee shall notify the Superintendent of the charge.

The notification of the Superintendent shall be in writing and shall be accompanied by the name and address of the complainant date of the alleged offense and a copy of the summons, warrant, indictment, information or other document served upon the employee notifying the employee of the charge. The written notification to the Superintendent from the employee shall be delivered to the Superintendent as soon as practical, and in no event later than the first working day following the service of the summons, warrant, indictment or information upon the employee. Failure of the employee to give the Superintendent written notice, as set forth above, may be cause for termination of the employee.

B. Superintendent Notification to School Board and Commonwealth Attorney

The Superintendent shall inform the School Board and Commonwealth Attorney in writing of any notification of the arrest of a School Board employee, which is provided by the employee pursuant to Section A above or which is provided to the Superintendent by a state official or agency or a local law-enforcement agency pursuant to §19.2-83.1 of the Code of Virginia.

C. Federal Bureau of Investigation Background Check

The School Board shall require any employee identified (other than those charged with public drunkenness, driving under the influence of alcohol, reckless driving, or disturbing the peace) or pursuant to §19.2-83.1 of the Code of Virginia to submit to a Federal Bureau of Investigation (FBI) background investigation.

The Superintendent shall develop a procedure to ensure that all employees identified pursuant to this policy undergo an FBI background check as required by §22.1-296.2(B) of the Code of Virginia.

Employees who fail to comply with these requirements will be recommended for dismissal.

Legal Reference: Code of Va., §19.2-83.1, 22.1-296.2 (B) and 22.1-315

By my signature below, I have read, understand, and will abide by the *Criminal Charge Filed Against Employee: Notification of Superintendent and School Board* requirements above. I understand that failure to comply with these requirements will result in recommendation for my dismissal.

Signature_____

Date_____